Country Activity Plan for Senegal

September 1997

Partnerships for Health Reform

PHR

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Country Activity Plan for Senegal

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Center for Population, Health and Nutrition
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United States Agency for International Development
and
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Acronyms

AIDSCAP	AIDS Control and Prevention Project (USAID)
BASICS	Basic Support for Institutionalizing Child Survival Project (USAID)
CA	cooperating agency
CAP	Country Activity Plan
CESAG	*Centre africain d'etudes superieures en gestion*
CSFP	Senegal Child Survival and Family Planning Project (USAID)
DDM	Data for Decision Making Project (USAID)
EU	European Union
FP	family planning
HHRAA	Health and Human Resource Analysis for Africa Project (USAID)
IPM	*institution de prevoyance maladie*
MCH	maternal and child health
MIS	management information system
MOHSA	Ministry of Health and Social Action
MSH	Management Sciences for Health
NGO	non governmental organization
PDRH	*Projet pour le Développement des Ressources Humaines (GOS)*
PHN	USAID Global Bureau, Office of Population, Health and Nutrition
PHR	Partnerships for Health Reform Project (USAID)
RAP	Regional Activity Plan
RESHAO	West African Regional Hospital Network
SARA	Support for Analysis and Research in Africa Project (USAID)
SO	Strategic Objective
SOW	scope of work
STD	sexually transmitted disease
TA	technical assistance
TPM	team planning meeting
UNICEF	United Nations Childrens Fund
USAID	United States Agency for International Development
WCA	West and Central Africa
WHO	World Health Organization

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Executive Summary

Administrative decentralization reforms in Senegal have been reinforced by the formulation of a national health policy based on the improvement of maternal and child health, the development of preventive and health education services, the rationalization of curative services and the development of human resources. Health financing reforms have included strategies to increase and institutionalize non-government sources of health financing, including the development of employment based health insurance institutions and voluntary health insurance organizations such as mutuelles. The course of reforms at the health district, hospital and community levels will depend on fuller articulation and integration of the roles of regional and local institutions involved in health sector decentralization.

Community participation as a health sector sub-strategy, including the role of health committees, has made progress, but is still an unfinished agenda. More support is needed to broaden the role of health committees and to enable them to fulfill specific roles of health committees as defined by current policies. This support must take into account that the impact of general decentralization and health sector specific changes may overtake local management capacities, requiring new management structures, processes and capacities at the local and regional levels.

USAID and a number of its cooperating agencies are assisting the GOS in its health sector decentralization efforts. This includes support for policy and management reforms, training, health education, and the distribution of contraceptives. USAID/Senegal is strengthening the capacities of regional and district health authorities and health committee organizations in the regions of Fatick, Kaolack, Louga and Ziguinchor. Agencies cooperating in these efforts include MSH, AIDSCAP, BASICS and local NGOs which receive USAID support. The World Bank and European Union, and governments of France, Japan and Italy also provide assistance.

USAID has requested the PHR Project to provide additional assistance which will complement the work others are doing relative to these issues, especially in the USAID target regions. PHR's assistance aims to support USAID/Senegal's Results Framework by providing assistance to the strengthening of health committee and health district capacities for increased use and provision of better quality and more efficient and effective health services. The implementation approach will pair small teams of PHR and Senegalese experts for work with counterparts in a manner designed to enhance sensitivity to local conditions, and strengthen local implementation and consulting capacities. Local subcontractors and consultants will comprise nearly 75% of the total level of effort.

The PHR activity for Senegal is designed to achieve three objectives: (1) Community participation for sustainable behavior change (through health committees); (2) effective partnerships for sustainable district health systems; and (3) strengthened hospital management information systems and capacities of hospital managers in the context of hospital autonomy and decentralization. The Country Activity Plan (CAP) covers the 18 month period from July 1997 to December 1998 and has an estimated budget of $625,000. The technical coordinator for the PHR Senegal CAP will be Dr. Francois Diop, a Senegalese health economist, and Mr. Richard Killian, the PHR Manager for WCA Regional Activities, will serve as the task manager for this CAP.

1.0 Introduction and Methodology

USAID awarded the five-year contract for the Partnerships for Health Reform (PHR) Project to Abt Associates on September 29, 1995. PHR's team includes Abt Associates Inc., the University Research Corporation, the Harvard School of Public Health, Development Associates and the International Affairs Center of Howard University.

PHR seeks to improve people's health by enabling the health sector to provide and ensure equitable access to sustainable, quality health care services. PHR works in partnerships with national and local governments, communities, non-governmental organizations and donors. The Project's technical expertise supports and promotes positive changes in health policies, regulations, financing, and the quality, organization and management of health services from hospitals to clinics, across urban and rural areas, and among the public and private sectors.

The PHR assistance requested by USAID/Senegal through the Senegal CAP provides technical support to the Government of Senegal's (GOS) health sector decentralization and reform process and responds to the USAID/Senegal strategic objective which is based upon GOS priorities. The GOS health reforms include primary care on decentralization and regionalization, and hospital autonomy and management reform.
Dramatic changes have occurred in 1996 and 1997 as primary care financing and management was decentralized to regions, districts and communities; the remainder of 1997 and 1998 will see similar changes regarding hospitals.

USAID/Senegal has requested PHR assistance to (a) analyze results of reforms to date at both the policy and field levels; (b) anticipate future impacts, both positive and negative, from current and planned changes; and (c) provide technical assistance and training support at the policy and operational levels to enhance the benefits of health sector reform and decentralization in Senegal.

Following meetings between USAID/Senegal and PHR in February 1997, Dr. Francois Pathé Diop, a Senegalese health economist, prepared an initial draft of the Country Activity Plan. The draft was reviewed by Mr. Richard Killian, Dr. Kathy Krasovec and Dr. Charlotte Leighton, revised and submitted to USAID/Senegal in mid-April.

In late May-early June 1997, Dr. Diop and Mr. Killian met with Dr. Gary Merritt and Mr. Chris Barratt of USAID/Senegal in Dakar to review the draft CAP. It was at this time that Strategic Objective 3 related to strengthening hospital management systems was added to the CAP and an objective related to quality of health services was dropped. The addition resulted from the Mission's increased awareness of the importance of hospital reform in the GOS National Health Development Plan and the opportunity for the Mission to leverage support from the PHR hospital financing and management activity included in the WCA RAP. In addition, PHR work related to hospitals presents an opportunity to collaborate with other donors (French Cooperation, World Bank, The Netherlands) in a complementary sectoral investment program. The decision to drop the objective related to quality of health services resulted from resource constraints and the Mission's determination that this objective was being addressed through the work of other cooperating agencies.

The present CAP reflects the changes described above. The three objectives of the CAP are:

(1) Community participation for sustainable behavior change (through health committees);

(2) Effective partnerships for sustainable district health systems; and

(3) Strengthened hospital management information systems and capacities of hospital managers in the context of hospital autonomy and decentralization.

Drs. Diop and Grundmann will take the lead in coordinating the efforts of local subcontractors and consultants on objectives 1 and 2; Mr. Killian, a hospital management specialist, will take the lead on objective 3. This coordination role will be critical to the successful implementation of the CAP, since nearly 75% of the CAP level of effort will be performed by Senegalese subcontractors and consultants. As previously noted, Dr. Diop will be the technical coordinator for the Senegal CAP and the primary technical liaison with USAID/Senegal and the GOS. Mr. Killian will be PHR's task manager.

The PHR core team of Dr. Diop, Dr. Grundmann and Mr. Killian will receive technical support from PHR's Regional Coordinator for Africa, Dr. Dan Kress; the Project's Technical Director, Dr. Charlotte Leighton; and other PHR staff and consultants. Administrative and financial support will be provided by the PHR Deputy for Operations Ms. Cheri Rassas; the Financial Officer, Mr. David Miller; and the WCA Project Assistant, Ms. Karen Lee.

2.0 Background

2.1 Health Reforms in Senegal: An Overview

As in most African countries, the health system of Senegal is moving from an urban, curative and hospital based health care delivery system and a centrally financed and managed system to a more decentralized health system. In that process, the pace and direction of reforms at different levels of the health system have been largely influenced by macroeconomic policies and political and administrative reforms underway in the country since the mid 1970s.

Administrative decentralization reforms initiated since the 1970s have provided an enabling environment to the Ministry of Health and Social Affairs of Senegal (MOHSA) to build on primary health care experiences in the rural areas (USAID supported primary health care) and urban areas (Pikine experience supported by the Belgian Cooperation) to reorient: (i) health interventions with greater programmatic emphasis on preventive services; and (ii) health financing and management with greater emphasis on community participation in the primary health sector. Since 1989, these efforts have been reinforced by the formulation of a national health policy based on the improvement of maternal and child health, the development of preventive and health education services, the rationalization of curative services and the development of human resources. The implementation of the national health policy is being supported by a human resource development project (PDRH) with three components: (a) the development of health districts; (b) the promotion of essential drugs; and (c) the institutional strengthening of the health sector. The nationwide implementation of the Bamako Initiative since 1992 also helps consolidate the primary health care strategy.

The relative progress of primary health care reforms has not been matched in the hospital sector. Plans for hospital reforms have been delayed since the 1980s; consequently, the hospital sector has been faced with inadequate funding and weak management and quality of services over the last decade. Greater community participation in financing and management has provided support, however, to maintenance and quality improvements at regional hospitals. The recent consolidation of political and administrative decentralization reforms in the country, with the institution of the region as a political and administrative entity with greater financial and management autonomy, has provided an impetus to reforms in the hospital sector. Hospital reform is high on the agenda of the national health development plan to be finalized in 1997 by the MOHSA. The MOHSA plans to experiment with greater financial and management autonomy in selected hospitals before extending reforms country-wide.

Health financing reforms in Senegal have been dominated by strategies to increase and to institutionalize non-government sources of finance in the health sector. Major efforts have been made to develop employer-based financing of health services in the formal sector of the economy since the late 1970s with the development of health insurance institutions (*institution de prevoyance maladie* (IPM)). Moreover, the recent implementation of the Bamako Initiative has reinforced community participation in the financing of health services at public primary and secondary health facilities and regional hospitals. These financing reforms have been accompanied by organizational reforms which promote the development of decentralized fund-holding institutions: indeed IPM and health committees at public health facilities have evolved as the largest fund-holding institutions in the health sector besides the MOHSA. Efforts are

underway to improve the performance of the IPM and to extend health insurance coverage to the informal sectors in the urban and rural areas through emerging strategies of voluntary insurance organizations such as the 'mutuelles'.

Health financing and management reforms are at a cross-roads in Senegal. As will be discussed in Section 4.0, the course of reforms at the hospital level and health district level will depend on the articulation of the roles of regional and local institutions promoted by the general decentralization reforms and existing decentralized entities in the health sector.

2.2 Donor Organization and USAID Support

Donor organizations provide substantial financial and technical support to national health programs and health finance and organizational reforms in Senegal. Among organizations providing multilateral assistance, the International Development Agency of the World Bank, UNICEF and the European Union are the leading organizations intervening in the health sector at the programmatic as well as the health reform levels. Besides USAID, other bilateral organizations providing major health sector support to Senegal include France, Japan and Italy.

USAID/Senegal health sector support is principally provided through the Senegal Child Survival/Family Planning Project and the AIDS Control and Prevention Project (AIDSCAP), which share the strategic objective of decreasing family size in Senegal. The intermediate results are: (a) increased access to Mother and Child Health (MCH) / Family Planning (FP) / Sexually Transmitted Diseases (STD) / HIV-AIDS services; (b) increased demand for MCH/FP/STD/HIV-AIDS services; and (c) improved quality of MCH/FP/STD/HIV-AIDS services. USAID/Senegal provides support to policy and management reforms, training, heath education, and the distribution of contraceptives. In addition, the Mission collaborates with the GOS in its efforts to support the decentralization of the health system. In this area, USAID/Senegal is strengthening the capacities of regional and district health authorities and health committee organizations in the regions of Fatick, Kaolack, Louga and Ziguinchor. Agencies cooperating in these efforts include MSH, AIDSCAP, BASICS and local NGOs.

3.0 Needs Assessment

3.1 Policy/Program Issues and Constraints

Much progress has been achieved over the last decade in implementing the primary health care strategy in Senegal. Nonetheless, community participation as a sub-strategy to further the goal of health for all is still an unfinished agenda. The policies in Senegal are articulated in the combination of cost recovery to mobilize financial resources, decentralized management of cost recovery receipts and the development of health committees. Three roles of health committees are formulated in the current policy: (a) to promote the health of individuals, families and communities; (b) to mobilize local communities for health development; and (c) to improve the delivery of services to meet the needs of the population[1].

Health committees are partially fulfilling these intended roles. With the nationwide implementation of the Bamako Initiative since 1992, health committees have become one of the largest fund holding institutions in the health sector. Community participation in the financing and management of health services is helping to maintain and expand the quality of health services in health posts and health centers, which service the majority of rural and peri-urban populations.[2] Nevertheless, mismanagement of health committee resources is common, with resources used to hire personnel and support expenditures with doubtful relations with health objectives. Although health communities are managing a sizable share of financial resources in the primary health sector, their involvement in the promotion of health and the support of preventive services has been weak. The potential of health committees to become instrumental in the mobilization of local communities for health development has not yet been realized.

This experience points to the imbalance of support which has been provided for specific roles of health committees as defined under current policies. Health committees have had training to support financial management functions and secure cost recovery receipts. But greater support would be useful to enable them to fulfill the roles related to the promotion of health and to mobilization of communities for health development as intended by current policies. It is arguable whether the current organization of the district health system and priority health programs have integrated an extended role of the health committees.

The potential for an expanded role for health committees has been limited by the transfer at the level of the base communities of the vertical operation of programs in the health sector and rigidities prevalent at the central level which constrain building upon potential

1 Decret 92-118/MSPAS du 17 Janvier 1992. Republique du Senegal, Ministere de la Sante Publique et de l'Action Sociale (1993), "Guide National du Comite de Sante: Strategies et Conduites a Tenir". ISED & PDRH

2 Recent studies on the financing of health services in Senegal report that 73 % of health post operations are financed through community participation in regions other than Dakar and 36 % in the Dakar region in 1995. At the health post level, community financing supports the purchase of drugs, maintenance, fuel for outreach activities and some costs of the EPI cold chain. At the health center level, community financing is contributing up to 32 % of funding of health center operations in regions other than the Dakar. See Abrial, Marlene et als (1996) "Le Financement du Secteur de la Sante au Senegal: Rapport Phase II". Ministere de la Sante Publique et de l'Action Sociale, Projet de Developpement des Ressources Humaines: (Decembre)

synergies between the health sector and health-supporting sectors (water, agriculture and food security, education and adult literacy, etc.) to improve community health. As one health committee president in the Fatick region pointed out, it will be difficult for health committees, which are under MOHSA administrative authority, to assume an extended role in the promotion of community health and to implement joint programs and activities with community health workers, who are under another ministry - not to mention weak collaboration with other community organizations active in other sectors. Beyond the interaction of health district and facility personnel with health committees, these interactions between the public administration and community structures and the accountability problems that they create have been major constraints to an extended role of health committees.

Implementation of the Bamako Initiative has resulted in increased financial resources and new management systems at the district and health facility levels. The revitalization of district health centers will be initiated in the coming months with support from UNICEF. These changes provide opportunities for improved quality child, maternal and reproductive health services at the district level. Experiences in Senegal and other African countries demonstrate, however, that increased resources and new management systems may not be enough to sustain quality improvements.

The impact of changes initiated by the MOHSA and general decentralization reforms underway which promote local public financing and management of district health services may overtake local management capacities. Although Senegal has a long history of mandates for local public financing of health services, with the exception of the Dakar region increased involvement of local municipalities in the financing of health services has been rather weak. Greater interaction by district health teams and regional medical officers with new regional and local institutions put in place by the general decentralization reforms will require new management structures and capacities at the local and regional levels. Finally, new regional and local political authorities may not be aware of health care finance issues.

3.2 Recommended Actions

Decentralization creates opportunities as well as challenges for improving district health system performance and responsiveness to local needs and constraints. A comprehensive framework is needed for improving health district operations and to assist health committees to take a greater role in activities (a) to promote the health of individuals, families and their communities and (b) to mobilize local communities for health development. The PHR Senegal CAP seeks to address this need for a comprehensive framework.

As members of the community, health committee members have knowledge of the cultural, social and economic constraints affecting the demand for preventive services, including prenatal care and immunization services in their communities. That knowledge and the interactions of the health committees with local opinion leaders, other community organizations and the health system constitute a strong base for extending the coverage of promotive and preventive services. Strategies are needed to enable health committees to play a lead role in identifying problems and priority areas for intervention and to apply a portion of health committee resources toward this purpose.

Strengthening district health capacities to identify problems and take corrective actions to support improved quality of child, maternal and reproductive health services will require improved support and management systems. This includes increasing the awareness of regional and district authorities of health financing and management issues in order to lay the foundations of effective local partnerships, involving local political authorities, district health teams and health committees.

4.0 PHR Activities

4.1 Objectives

The PHR activities are designed to fit into USAID/Senegal's Results Framework, with the latter intended to (a) increase the demand for maternal and child health and family planning services (RIP # 2), and (b) improve the quality of maternal and child health and family planning services (RIP # 3) in the Kaolack, Fatick, Louga and Ziguinchor regions.

The overall objective of the PHR activity is to increase the use of quality child and reproductive health services in the Kaolack, Fatick, Louga and Ziguinchor regions through more effective partnerships at the health district level. These activities support MOHSA's new health development orientation and the current implementation of decentralization reforms in Senegal by providing assistance to the strengthening of health committee and health district capacities for increased use and provision of better quality and more efficient and effective health services. The PHR focus on community health committees is a function of the GOS decentralization reforms which have shifted considerable decision-making authority and control of financial resources to the peripheral levels of the health system, and particularly to health committees.

Through the Senegal CAP, PHR will collaborate with MOHSA policy makers and regional and district health authorities, program managers, local institutions and other donor organizations, to reach the following CAP objectives:

a) To strengthen community health organization capacities and participation in the promotion of behavior changes and the demand for child and reproductive health services in the Kaolack, Fatick, Louga and Ziguinchor regions;

b) To promote effective regional and local partnerships to support health district system viability in the context of general decentralization reforms.

c) To strengthen hospital management capacities and systems in the context of hospital autonomy and decentralization.

Activities proposed under the PHR Regional Activity Plan for REDSO/WCA for 1997-1999 complement the activities proposed under the PHR Senegal Country Activity Plan. These regional activities include the promotion of mutuelles, hospital management, district health service costing, quality monitoring, health care financing and national health accounts and dissemination. Some of these activities will be implemented in Senegal in synergy with the USAID/Senegal bilateral activities.

4.2 Objective 1: Community Participation for Sustainable Behavior Changes

To strengthen community health organization capacities and participation in the promotion of behavior changes and the demand for child and reproductive health services in the Kaolack, Fatick, Louga and Ziguinchor regions.

Result 1.1

Increased capacities of health committees to participate in the planning, implementation and evaluation of maternal and child health and family planning services.

Activities:

Activity 1.1.1. Assessment of Health Committee Capacities

Activities will initially focus on experimenting with strategies to extend the participation of health committees in the promotion of better health in their communities. The extension of participation of health committees in the implementation of preventive and promotion services will be based on a participative assessment of current strengths and weaknesses of health committees; their interactions with health facilities and programs, other community organizations, opinion leaders and the base communities; and the identification of training needs to address competency-based weaknesses of health committee members. The interaction of health committees with health personnel should be assessed to identify health personnel strengths and weaknesses in addressing the relationships between health services, water and sanitation, nutrition and food security in the promotion of better community health. One workshop will be organized in each focus district during the first quarter to assess community participation in health.

Activity 1.1.2. Assistance in Design of Health Committee Micro-plans

In collaboration with district health teams, district health committee associations, the respective regional medical authorities and local NGOs, strategies will be developed to shift the current focus of health committee roles from 'what health committees can do at public health facilities' to 'what they can do with public health personnel in their respective communities and families' to promote behavior changes and to improve the coverage of preventive services. A participative management process will be developed with health committees to identify health problems and to elaborate solutions that these committees can implement jointly with health personnel in their respective communities. These strategies may include the elaboration of appropriate information, education and communication (IEC) activities to provide better information on vaccination, oral rehydration therapy (ORT), acute respiratory infections (ARI), therapeutic and prophylactic aspects of malaria and vector control measures. With the support of health committee resources, they should reinforce outreach activities to promote family planning, prenatal and postnatal, vaccination and growth monitoring services. Finally, strategies should include the mobilization of community resources, in combination with health committee financial resources, to invest in health supporting sectors such as water and sanitation, nutrition and food security. Micro-plans for extended participation in preventive and promotive services will be developed for at least 20 health committees in the four focus districts during the first six months.

Micro-programs and operational plans will be developed and implemented in four focus health districts in the Kaolack, Fatick, Louga and Ziguinchor regions. These programs may include structural changes in health committee management to motivate greater involvement of health committee members in the implementation of preventive and promotive services, a greater role of women in health committee membership and activities, training to improve knowledge of health programs and interventions, communication and leadership skills development, joint micro-plans and activities with other community development organizations in general, women's organizations in particular, to promote better community health and extended preventive service coverage. Micro-plans for extended participation in preventive and promotive services will be developed for at least 20 health committees in the four focus districts during months 12-18.

Activity 1.1.3. Assessment of Health Committee Performance

After initial development, activities will be reinforced in the four focus districts. In collaboration with district health teams and district health committee associations, factors leading to successful or failed implementation of micro-plans by health committees will be analyzed to identify and to implement corrective measures and actions. Dr. Francois Diop, together with a local subcontractor, with prepare an evaluation report on the implementation of micro-plans by health committees during months 12-15.

Activity 1.1.4. Development of Health Committee Micro-planning Guidelines

An additional set of districts will be targeted in the regions of Kaolack, Fatick, Louga and Ziguinchor. Successful strategies implemented in the first focus districts will be initiated in these four districts to assess their replicability at a larger scale. Building on these experiences during the 18 months in the four focus regions of USAID and other experiences initiated in other parts of the country, appropriate micro-planning and evaluation guidelines for health committees will be developed during months 16-18.

Personnel and Collaborating Institutions:

PHR will collaborate with the Directorate of Public Health (MOHSA/DPH contact person: Maty Cisse Samb), and the Kaolack, Ziguinchor, Fatick and Louga regional and district health offices to carry-out activities under Result 1-1. PHR will develop a scope of work and pursue a collaborative agreement for training district health teams and committee members. Because of UNICEF's active involvement with the Bamako Initiative, the revitalization of health posts, health centers and health committees, PHR will coordinate with the BI unit at UNICEF\Dakar (UNICEF contact person: Dr Hamadou Fall). PHR will also collaborate closely with MSH in these activities (MSH contact person: Paul Libiszowski).

Timing and Level of Effort:

- The assessment of health committee capacities will be implemented in August-September 1997 (refer to Tables 1 and 2 following the text for more details on the timing and level of effort of each of the activities). The PHR health economist in Dakar (F. Diop) will work with a local team composed of a public health specialist\health planner and a community organization specialist in developing the methodologies on the health committee capacity activities. The local team will implement the assessment in four focus districts of the USAID focus regions. The assessment will be followed by the development of micro-plans with health committees and district health teams in the

four focus districts in October-December 1997. Local team staff will spend 7 weeks in four focus districts to assist health committees develop six-month micro plans. District health teams will monitor the design and implementation of health committee micro-plans during January-September 1998. PHR and local staff will assess health committee performance during July-September 1998. Finally, local staff will develop health committee micro-planning guidelines during October-December 1998.

4.3 Objective 2: Effective Partnerships for Sustainable Health District Systems

To promote effective regional and local partnerships to support health district system viability in the context of general decentralization reforms.

Result 2.1

Increased levels of health committee resources devoted to support increased coverage and quality of preventive and promotive services.

Activities:

Activity 2.1.1. Upgrading of Health Committee Financial Management System

Activities will be targeted at improving financial management at the health district and facility levels. Training and technical assistance to district health teams and members of management committees will reinforce their financial management capacities. To increase resources devoted to preventive services, simple district and facility budgets will be prepared in accordance with district annual action plan and facility and health committee micro-plans, with increased financial resources devoted to support community-oriented health committee activities. In addition to replacement of drug costs, salaries of local personnel hired by health committees and maintenance, these budgets should reflect an increased role of health committees in providing support to preventive and promotive services.

Current cash management, accounting and reporting systems should be streamlined and adjusted to an extended role of health committees as effective partners of public health facilities and local governments in the implementation of preventive and promotive services. Necessary forms and documents and an updated financial management procedures manual will be developed based on the four district experience. These materials will be tested in the four focus districts to serve as a reference source and training guide for health personnel and health committees. This activity will be completed during the months 16-18. A report on health committee resources committed to preventive and promotive services will be produced each six months as part of the cash management and reporting system

Activity 2.1.2. Assessment of Health Committee Capacity to Finance Preventive and Promotive Services

Direct support to extending the role of health committees will be complemented by analyses of current practices related to payment for contraceptives and options for integration of

cost recovery for contraceptives into the Bamako Initiative strategy. This will entail visits to family planning service delivery sites, analysis of financial and service delivery information currently collected by health facility and district personnel, and analysis of information on service quality collected periodically. This activity will be planned jointly with service delivery data-gathering activities conducted by other USAID cooperating agencies and donor organizations.

Personnel and Collaborating Institutions:

To accompany activities under Result 1.1, the local financial management specialist will work with district health teams to revise the current financial management systems and training manual for health committees. These activities will be coordinated with activities under Result 1.1.

Timing and Level of Effort:

Activity 2.1.1. will require a 3-week level of effort from the local financial management specialist. It will be implemented during April-June 1998.

Result 2.2

Increased levels of government resources committed to health district and facility operations supported by a better informed regional and local leadership on health financing and sustainability issues.

Activities:

Activity 2.2.1. Situation Analysis on Decentralized Health District Management

1997 signals the start of a transitional period in the financing and management of health district operations with the implementation of the general political and administrative reforms. PHR will help develop a framework and indicators for assessing and strengthening the linkages between the current political and administrative decentralization reforms and the financing, management and performance of the district health system, with particular emphasis on objectives and behaviors of stakeholders in district health services. PHR will then apply the framework and indicators in conducting a situation analysis in the target regions. The framework and indicators will be developed by the end of August 1997; the situation analysis by the end of October 1997.

Activity 2.2.2. Concept Paper on Health Financing

Building on studies conducted under the Health Financing and Sustainability Project in Senegal, MOHSA studies and the decentralization reforms, PHR will prepare a concept paper on health financing and management in Senegal to provide a framework for policy dialogue and a better understanding of issues and constraints at the central and local levels, including the potential role for the private sector in health service delivery. The concept paper will be developed by October 1997.

Activity 2.2.3. Compilation of Data on District Health Financing

To strengthen institutional capacities during this transition, PHR will compile financial data from the health district and facilities and health programs operating in the district to inform health district partners about the cost of existing district health services, who is paying for them, how well district financial resources are managed and how health providers are being reimbursed for health services. Now that there are plans to upgrade the technical capacities of health centers in order to develop the functions of district hospitals, the costing of district operations will include estimates of the financial implications of these new structures in the district health system. The compilation of data and report on district health financing will be available by January 1998.

Activity 2.2.4. Regional Workshops on District Health Financing

The financial information will be compiled in addition to laws and regulations which provide the legal base for financing and management of the district health system to support the debates on local health financing, to clarify the role and responsibilities of the central state, the region, urban and rural communes and health committees in the financing of the district health services. PHR will organize workshops at the regional level to provide a venue for this debate and to reach a consensus on local health financing and management issues. These workshops will be organized in each focus region during the first quarter of 1998.

Personnel and Collaborating Institutions:

The PHR health systems design and evaluation expert will collaborate with MOHSA central directorates and technical advisors, the Ministry of Finance and Ministry of Internal Affairs and Decentralization officials to develop the framework and indicators for assessing and strengthening the linkages between general decentralization and administrative reforms and district health service financing and management. He will also take the lead in preparing the situation analysis.

The PHR health financing specialist will collaborate with MOHSA central directorates and technical advisors, Ministry of Finance and Ministry of Internal Affairs and Decentralization official to assess health financing and management reforms in Senegal and develop a concept paper on health financing.

The PHR health economist will collaborate with the local public health specialist to compile information on district health financing. This information will support the organization of regional workshops on district health financing in USAID focus regions to be organized by the local team. This activity will be implemented in collaboration with the Senegal Child Survival and Family Planning Project.

Timing and Level of Effort:

- The production of the framework and indicators, then the situation analysis, for assessing and strengthening the linkages between general decentralization and administrative reforms and district health service financing and management will require one 3-week trip and two 2-week trips by the PHR health systems design and evaluation specialist. The framework and indicators will be completed by the end of September 1997, the situation analysis by October.

- The production of the concept paper on health financing will require a 3-week trip from a PHR senior health financing specialist. The concept paper will be completed by the end of October 1997.

- The report on district health financing data will be compiled by January 1998 by the PHR health economist and the local public health specialist.

- The four regional workshops on district health financing, one in each of the target regions, will be organized during January-March 1998.

Result 2.3

Increased levels of non-government resources committed to health district and facility operations, in particular resources from NGOs such as community-based and other types of mutuelles.

Activities:

Activity 2.3.1. Summary Report with Findings and Recommendations Pertaining to Mutuelles in Senegal

As part of its West and Central Africa Regional Activity Plan, PHR will prepare a research paper examining experience with mutuelles in Africa, focusing on West and Central Africa. PHR and its partner, BIT-ACOPAM, will conduct mutuelles case studies in 6-7 WCA countries, including Senegal, for inclusion in the paper. The research paper will be completed in March 1998. USAID/Senegal has requested a summary report, incorporating major findings and recommendations from the region and specific results from the Senegal case studies and other research. The report to the Mission will be completed by April 30, 1998.

Activity 2.3.2. Limited Technical Assistance and Training to 1-2 Mutuelles in the USAID Target Regions OR Conduct a Workshop to Disseminate the findings and Recommendations from the Research Paper to Mutuelles and Other Stakeholders in Senegal

Based on the results from the regional research paper on mutuelles, the Senegal case studies, and consultation with the MOHSA, USAID and other donors, PHR will identify 1-2 mutuelles in the USAID target regions to which it will provide limited technical assistance and training in priority areas. Alternatively, if USAID/Senegal determines that greater benefit could be derived from a workshop to disseminate the research paper results in Senegal, PHR will organize and implement a workshop for this purpose, with Senegalese mutuelles, the MOHSA, French Cooperation, BIT-ACOPAM and other stakeholders as the target audience. Although the staff level of effort would be similar for the two alternatives, overall costs would be higher for the workshop alternative if PHR covers the cost of travel and per diem for workshop participants and other logistics costs.[3]

3 PHR may hold a regional dissemination workshop in connection with the WCA regional mutuelles activity, possibly in Dakar, and Senegalese participants would be invited to this workshop.

Personnel and Collaborating Institutions

The PHR health economist/mutuelles team leader will prepare the summary report for USAID/Senegal based on his experience as team leader for the regional research paper on mutuelles. He will collaborate with Dakar-based personnel of BIT-ACOPAM in this effort, since per agreement between PHR and BIT-ACOPAM the latter will conduct the mutuelles case study in Senegal. The French Cooperation will also be consulted based on their experience working with mutuelles in Senegal. Dr. Pascal Brouillet of the French Cooperation attended a USAID/PHR-supported regional consultative meeting on mutuelles last January and is a member of the consultative group.

The limited technical assistance and training would be organized and delivered by the PHR health economist/mutuelles team leader and a local consultant, again coordinating with BIT-ACOPAM and the French Cooperation, who may contribute to the effort with their own resources. The alternative of conducting a workshop to disseminate the results of the research paper would be organized by PHR, staffed by the PHR health economist/mutuelles team leader and other collaborators.

Timing and Level of Effort

- The summary report on mutuelles in Senegal will be prepared by April 30, 1998, timed to take full advantage of the results of the regional research paper on mutuelles, which will be completed on March 31, 1998. The level of effort will be one person week for preparation of the report.

- The technical assistance and training to 1-2 selected mutuelles will be delivered during April-June 1998 and will consist of targeted TA and/or training of approximately one week duration per mutuelle, with an additional week for preparation and report writing.

- The alternative of conducting a dissemination workshop will also be planned and implemented during April-June 1998, with a 1-2 person week level of effort, and including the costs of travel and per diem for participants, and meeting logistics.

4.4 Objective 3: Strengthened Hospital Management Systems and Capacities of Hospital Managers in the Context of Hospital Autonomy and Decentralization

To promote more efficient and effective hospital operations through the development and implementation of improved management information systems for hospitals, with hospital managers and related personnel trained in use of the new tools and systems.

Result 3.1

Improved hospital management information systems or tools developed and introduced in pilot facilities in the USAID target regions.

Activities:

Activity 3.1.1. Meet with Key Organizations to Determine Status of Work Each is Doing Related to Strengthening Management Information Systems for Hospitals, to Discuss PHR Plans and Develop Plans and Mechanisms for Collaboration

This activity will include meetings with the MOHSA, French Cooperation, World Bank, CESAG, Principal Hospital of Dakar, and possibly others who may be working to develop improved hospital management information systems in Senegal and in the WCA region to determine the relevant work each is doing and status of implementation. The World Bank is supporting a Senegal hospital reform program for the period 1996-2001. The components of the World Bank supported activity to which PHR would contribute are: development and introduction of a *carte sanitaire,* health facility mapping scheme; development and dissemination of management tools and a related procedures manual; and design and introduction of a management information system appropriate for Senegalese and WCA hospitals.

Activity 3.1.2. Conduct Assessment Visits to Three Hospitals in Senegal, Using the Same Methodology as PHR Will Apply in Visits to Other Hospitals in West Africa[4]

PHR's primary contribution will be an assessment of management information systems in Senegalese hospitals as part of its larger needs assessment at the regional level. The needs assessment will evaluate different approaches to MIS improvements in the region, particularly work at the Principal Hospital of Dakar and other innovative hospitals elsewhere in the region.

4 Hospitals will be chosen either using the same methodology as PHR intends elsewhere in the region, including the national university hospital, another national hospital and a regional hospital, or, for Senegal, PHR may select hospitals based in the four USAID target regions. These decisions will be made in the August-September 1997 period.

The basis for the needs assessment will be a structured survey instrument developed jointly by PHR and CESAG, with review and comment from other collaborating organizations.

Activity 3.1.3. Develop and Implement in Pilot facilities a New Model Hospital MIS for Use in the Region

The new system will be implemented in at least one, and not more than two hospitals in Senegal depending on availability of funding. It will combine best practices from Senegal and other countries into a system that will enhance the ability of WCA hospitals to achieve optimal performance under conditions of increasing autonomy and decentralization, and facilitate region-wide comparisons of information on hospital performance. Selection of pilot hospitals will be made in conjunction with the MOHSA, USAID/Senegal and other donors, particularly the French Cooperation and World Bank.

Personnel and Collaborating Institutions

This activity will be managed by the PHR WCA Regional Activity Manager, who is also a hospital management specialist. CESAG will be a primary collaborating institution, both for the regional portions of this activity and for the portions associated with the Senegal CAP, with leadership from Madame Laurence Codjia, who is also a hospital management specialist. PHR and CESAG will utilize additional regional and expatriate staff and consultants, as needed, to conduct the assessment visits in Senegal and develop and implement the model MIS in one or more pilot facilities. The implementation approach is that small teams of PHR/CESAG experts (generally two persons) will carry out facility level work. The intent is to develop regional institutional capacity and consulting expertise at the same time the models are being developed.

In addition to CESAG, PHR will collaborate with the French Cooperation, the World Bank, other cooperating agencies and other donors doing related work. The more detailed workplan will include periodic coordination meetings with these organizations.

Timing and Level of Effort

- Activity 3.1.1. , the initial coordination and planning meetings, will take place in Dakar in August 1997 and will involve one person week each of the hospital management specialists from PHR and CESAG.

- Activity 3.1.2., the design of the regional survey instrument, will be done in August-September 1997 independently of this CAP, with the assessment visits to three Senegalese hospitals taking place during October 1997, following visits to other hospitals in the WCA region. The level of effort for the assessment visits will be six person weeks of PHR and CESAG staff and consultant time.

- Activity 3.1.3., the development and implementation of the model hospital MIS tools will begin immediately after the assessment visits and will continue from November 1997 through December 1998. The level of effort will be 18 person weeks of PHR and CESAG staff and consultant time, consisting of 3-4 working visits to each facility.

5.0 Training Plan

Training is an integral part of the activities under all three objectives contained in this Senegal CAP. The training will occur through:

1. workshops to introduce activities and to obtain guidance, feedback and priorities from counterparts;
2. workshops and other formal training for specific CAP activities such as development of health committee micro-plans, financial management systems and hospital management information systems;
3. on-the-job training through direct one-on-one work with counterparts; and
4. workshops and other meetings to disseminate results, lessons learned and models developed.

In all cases training will be preceded by needs assessments, consisting of a combination of key informant interviews, stakeholder analysis, focus groups, formal surveys and other methods depending on the activity (please see the CAP activity descriptions in Section 4.0 and Tables 1 and 2 for more details on needs assessment and training methodologies associated with each activity).

All of the training needs assessments and related training will be done with substantial involvement of Senegalese subcontractors and consultants, with PHR guidance, collaboration and monitoring. This involvement of Senegalese experts, many of whom have other international experience, will help to ensure that the activities are grounded in a solid understanding of the Senegalese context. Training will be targeted to address weaknesses identified in competency-based skills needed by members of community health committees, district health teams, local and district governments, hospital staffs and other groups related to the PHR Senegal CAP. PHR will prepare reports on the results of all formal training activities, including the date, purpose, number and gender of persons trained, results of the training and lessons learned for future implementation. To the extent possible, pre- and post-tests and other tools will be employed to measure the results of training.

In summary, training activities carried out under this CAP will be instrumental in achieving the capacity-building results which PHR seeks (see Table 1).

6.0 Information Dissemination Plan

PHR's strategic approach for the Senegal CAP is generally to target interventions in the four regions (Fatick, Kaolack, Louga and Ziguinchor) where USAID provides assistance and in pilot districts within these regions (to be determined). The survey and assessment instruments, training materials, models, results, and lessons learned will then be disseminated more widely within Senegal and in the WCA region to promote and expand health reform.

Specific training and dissemination activities and products included in the CAP are (see Table 1 for details):

a. Presentations at USAID/Senegal strategic objective planning workshops;
b. Assessment of community health committee capacities (technical report);
c. Decentralization framework and indicators, and resulting evaluation of district-level decentralization (technical report/manual and workshop);
d. Concept paper on health care financing in Senegal, intended by the Mission and MOHSA to inform health reform policy dialogue in Senegal;
e. Health committee micro-plans and guidelines for preparation of micro-plans (technical report);
f. Compilation of financial data from four focus districts, including cost of services, sources of payment, provider reimbursement levels, and financial implications of reforms (technical report);
g. New or improved budgeting, cash management, accounting and reporting systems for district health services, including the updating and dissemination of a financial management procedures manual;
h. Analysis of laws and regulations related to district health financing (policy brief); and
i. Tools and guidelines for improved hospital management information systems (technical report/manual).

Various dissemination mechanisms will be used by PHR for this CAP, including paper and electronic dissemination of written products; workshops to inform counterparts of plans and results and seek their inputs; periodic meetings with key national, regional and community level leaders to inform them of PHR initiatives and to seek their guidance and support; and a proactive effort to coordinate with other international donor programs and USAID cooperating agencies operating in Senegal.

CESAG, a key bilateral and regional PHR partner, is expected to play a lead role in disseminating products generated through the Senegal CAP. This will occur through CESAG's selective incorporation of tools, models and other materials into their current health management and planned health economics and financing training programs, and through their related consulting and research activities.

7.0 Evaluation Plan

PHR's performance will be measured against the objectives, performance indicators, and target dates set out in this CAP (see Table 1) and to be elaborated in more detail as part of workplan development during the early stages of implementation. PHR management will internally review the progress of the Senegal CAP activities each quarter with the task manager, and the results of these reviews will be incorporated into PHR quarterly reports and performance assessments.

PHR will also review the progress of our activities with the COTR for PHR, USAID/Senegal, MOHSA officials, local subcontractors and consultants, and counterparts at regional institutions. Recommendations on changes in the performance indicators or timing resulting from these reviews will be made in collaboration with MOH officials, USAID, and PHR management. At the end of each year any changes indicated and agreed upon through the review process will be formally incorporated into a revised CAP (see also Section 8.0, Management and Monitoring Plan).

8.0 Management and Monitoring Plan

The number and complexity of the activities contained in this CAP will require strong planning and management throughout its implementation. PHR will support the CAP by providing a senior health manager who is a health reform specialist to serve as task manager. This person will be responsible for the planning, implementation and monitoring of all PHR activities under this plan; for reporting on these activities to the Mission, the COTR for PHR, and other client representatives; and for coordination with other CAs, donors, collaborating institutions and counterparts. The senior health manager will also contribute to the technical work in his areas of specialization, including hospital and primary care management. To the extent possible, monitoring and support functions will be combined with technical work visits to reduce costs.

The CAP task manager/senior health manager, Mr. Richard Killian, will coordinate closely with the CAP technical coordinator, Dr. Francois Diop, on the management and monitoring of all CAP activities. Mr. Killian and Dr. Diop are in regular e-mail contact with each other from their respective bases in Bethesda, Maryland and Dakar, Senegal. They have direct personal contact during Mr. Killian's frequent (approximately once per quarter) visits to Senegal in connection with the CAP and with WCA regional activities. Mr. Killian and Dr. Diop maintain regular contact with USAID/Senegal, with the GOS/MOHSA, and with local subcontractors and consultants.

In connection with Section 7.0 of the CAP on Evaluation, if variances are noted in the status of activities as compared with plans, reasons for the variances will be documented and corrective actions taken as indicated in consultation with the Mission, counterparts and collaborating institutions and individuals. This process will occur at least quarterly and more often if needed. Monitoring will be carried out using the results and performance indicators shown in Table 1. The CAP will be revised at least once per year in conjunction with the PHR annual report and annual workplan cycle, which corresponds to the government fiscal year.

PHR will provide administrative and financial support from the home office to ensure the efficient recruitment of required consultants, travel arrangements, and the production and dissemination of documents and logistical support. The PHR Regional Coordinator for Africa and Technical Officer(s) for Africa, other technical staff, the PHR Technical Director and other key project staff will be involved in implementation of the CAP, for planning and conceptual inputs, for suggestions on staffing, and, as determined by the CAP, directly participating in the field portions of activities.

All PHR staff assigned to work on this plan and elsewhere in the WCA region are backed up by the Project's Operational and Administrative personnel working as a team, as well as the PHR management team. Activities and information are widely and systematically shared through team planning meetings, activity meetings and briefings and shared communications. All PHR staff are fully linked with each other and with client representatives by electronic mail, and PHR conducts quarterly reviews of all project activities.

Table 1: PHR Senegal Country Activity Plan (CAP)
Summary of Objectives, Results, Activities, Performance Indicators, Target Dates and Partners
(revised 7/22/97)

Activity	Performance Indicators	Target Date for Completion	Partners
OBJECTIVE 1 - COMMUNITY PARTICIPATION FOR SUSTAINABLE BEHAVIOR CHANGE **Strengthen community health organization capacities and participation in the promotion of behavior changes and the demand for child and reproductive health services in the Kaolack, Fatick, Louga and Ziguinchor regions.**			
Result 1.1 - Increased capacities of health committees to participate in the planning, implementation and evaluation of maternal and child health and family planning services.			
1.1.1. Assessment of Health Committee Capacities	j. Four focus districts identified in target regions k. Workshops held in focus districts to assess health committee capacities and results in promoting community participation	Aug - Sept 1997	MOHSA CSFP Project UNICEF
1.1.2. Assistance in Design of Health Committee Micro Plans	a. Participative process followed and community participation/health promotion strategies developed in focus districts b. Micro-plans developed for at least 20 health committees in the four focus districts	Oct - Dec 1997	MOHSA Local Sub CSFP Project UNICEF
1.1.3. Assessment of Health Committee Performance	a. Evaluation conducted and report produced analyzing results in the four focus districts b. Micro-plans and processes revised to incorporate lessons learned	Jan - Sept 1998	MOHSA Local Sub CSFP Project UNICEF
1.1.4. Development of Health Committee Micro-planning Guidelines	a. Additional districts identified and strategies implemented to further assess replicability of micro-planning b. Micro-planning and evaluation guidelines developed based on experience	Oct - Dec 1998	MOHSA Local Sub CSFP Project UNICEF
OBJECTIVE 2 - EFFECTIVE PARTNERSHIPS FOR SUSTAINABLE HEALTH DISTRICT SYSTEMS **Promote effective regional and local partnerships to support district health district system viability in the context of general decentralization reforms.**			
Result 2.1 - Increased levels of health committee resources devoted to support increased coverage and quality of preventive and promotive services.			
2.1.1. Upgrading of Health Committee Financial Management System	a. Baseline data collected on health committee resources committed to preventive and promotive service b. TA and training provided to district health teams and management committees in focus districts c. Simple district and facility budgets prepared in accordance with plans, and increasing resources devoted to community-oriented health activities d. Cash management, accounting and reporting systems improved and streamlined to reflect extended role of health committees e. Updated financial management procedures manual developed, tested, revised and disseminated	Apr - June 1998	MOHSA Local Sub CSFP Project UNICEF

2.1.2. Assessment of Health Committee Capacity to Finance Preventive and Promotive Services	a. Reports on changes in health committee resources devoted to preventive and promotive services produced each six months	Apr - June 1998	MOHSA FPMD Project CSFP Project
Result 2.2 - Increased level of government resources committed to health district and facility operations supported by a better informed regional and local leadership on health financing and sustainability issues			
2.2.1. Situation Analysis on Decentralized Health District Management	a. Framework and indicators developed for assessing and strengthening the linkages between current decentralization reforms and district health system management and financing, with emphasis on objectives and behaviors of stakeholders b. Situation analysis conducted using framework and indicators (a case study method has been discussed as the approach for this; will coordinate with larger national study)	Sept - Nov 1997	MOHSA Colonel Ndiaye CSFP Project FPMD Project UNICEF
2.2.2. Concept Paper on Health Financing	a. Concept paper prepared on health financing and management in Senegal to provide a framework for policy dialogue, better understanding of issues and constraints at various levels of the system, and the potential role for the private sector in health service delivery	Sept - Oct 1997	MOHSA MOF CSFP Project FPMD Project UNICEF
2.2.3. Compilation of Data on District Health Financing	a. Financial data from the four PHR focus districts compiled, including the cost of existing district health services, who pays for services, how well resources are managed, how providers are reimbursed, and financial implications of new structures in district health systems	Nov - Dec 1997	MOHSA MOF CSFP Project FPMD Project UNICEF
2.2.4 Regional Workshops on District Health Financing	a. Laws and regulations related to district health financing identified, collected and analyzed b. Workshops held in each focus region for discussion and debate on roles and responsibilities of different stakeholders in financing of district health systems	Jan - Mar 1998	MOHSA MOF CSFP Project FPMD Project UNICEF
Result 2.3 - Increased levels of non-government resources committed to health district and facility operations, in particular resources from NGOs such as community-based and other types of mutuelles			
2.3.1. Summary Report with Finding and Recommendations Pertaining to Mutuelles in Senegal	a. Summary report prepared incorporating major findings and recommendations from the PHR regional research paper on mutuelles and its Senegal case studies	April 1998	MOHSA BIT-ACOPAM French Cooperation
2.3.2. Limited TA & Training to 1-2 Mutuelles in the USAID Target Regions OR Conduct a Dissemination Workshop to Disseminate the Findings and Recommendations from the Research Paper to Mutuelles and Other Stakeholders in Senegal	a. Major findings and recommendations from Senegal summary report used to develop and implement targeted TA and training to 1-2 Senegalese mutuelles OR to serve as the basis for a dissemination workshops for a larger number of Senegalese mutuelles b. Report from TA and training OR dissemination workshop prepared and disseminated	May - June 1998	MOHSA BIT-ACOPAM French Cooperation

OBJECTIVE 3 - STRENGTHENED HOSPITAL MANAGEMENT SYSTEMS AND CAPACITIES OF HOSPITAL MANAGERS IN THE CONTEXT OF HOSPITAL AUTONOMY AND DECENTRALIZATION **Promote more efficient and effective hospital operations through the development and implementation of improved management information systems for hospitals, with hospital managers and related personnel trained in use of the new tools and systems.**			
Result 3.1. - Improved hospital management information systems or tools developed and introduced in pilot facilities in the USAID target regions.			
3.1.1. Meet with Key Organizations to Determine Status of Work Each is Doing Related to Strengthening MIS for Hospitals, to Discuss PHR Plans and Develop Plans and Mechanisms for Collaboration	a. Introductory collaboration, information sharing and planning meetings held with partners organizations, other cooperating agencies, clients and counterparts b. More detailed workplan developed as a result of these meetings and in coordination with PHR's regional hospital financing and management activity c. Workplan shared with key partners for review and comment	Aug - Sept 1997	MOHSA World Bank CESAG French Cooperation
3.1.2. Conduct Assessment Visits to Three Hospitals in Senegal, Using the Same Methodology as PHR Will Apply in Visits to Other Hospitals in West Africa	a. Hospital visits conducted using survey/assessment instrument developed for regional hospital activity; assessment report prepared b. Pilot hospitals to receive PHR/CESAG TA and training selected on basis of assessment results and meetings	Sept - Oct 1997	MOHSA World Bank CESAG French Cooperation
3.1.3. Develop and Implement in Pilot Facilities a New Model Hospital MIS for Use More Broadly in Senegal and the WCA Region	a. Model hospital MIS for WCA hospitals developed on basis of "best practices" identified in regional and Senegal assessment visits b. Model hospital MIS adapted and workplan developed for each pilot facility c. Workplans implemented in pilot facilities d. Results of implementation evaluated and MIS revised to take into account results of evaluation e. Evaluation report prepared and disseminated in coordination with the MOHSA	Oct 1997 - Dec 1998	MOHSA World Bank CESAG French Cooperation

Table 2: Level of Effort and Estimated Cost for PHR Senegal CAP Activities
July 1997-December 1998
(revised 9/23/97)

Activity	PHR Level of Effort *	Local level of Effort (consultants/subs)	Team Composition	Estimated Cost
Objective 1. Health Committee Capacity Strengthening				
1.1.1. Assessment of Health Committee Capacities	3 weeks	8 weeks in four focus districts for local cons./sub 2 weeks prep. & writing	Health Planner /Community Organization Specialist /Health Finance Specialist	36K
1.1.2. Assistance in Design of Health Committee Micro-plans	1 week	5 weeks in four focus districts for local cons./sub 1 week prep. & writing	Health Planner/ Community Organization Specialist	20K
1.1.3. Assessment of Health Committee Performance	4 weeks	4 weeks in four focus districts for local cons./sub	Health Planner/Health Finance Specialist	27K
1.1.4. Development of Health Committee Micro-planning Guidelines	2 weeks	3 weeks for local cons./sub	Health Planner	16K
Objective 2. Effective Partnerships for District Financial Sustainability				
2.1.1. Health Committee Financial Management System	1 week	4 weeks of local cons./sub	Financial Management Specialist	34K
2.1.2. Assessment of Health Committee Capacity to Finance Preventive and Promotive Services	6 weeks	------	Health Economist	24K
2.2.1. Framework and Indicators for Assessing Decentralization Linkages with Health Financing; Situation Analysis of District Health Management	1 3-week trip 2 2-week trips 2 weeks prep. & writing	6 weeks of local cons./sub 1 week prep. & writing	Health Systems Design and Evaluation Specialist	78K
2.2.2. Concept Paper on Health Financing	1 3-week trip 1 2-week trip 2 wks prep. & writing	-------	Health Economics and Financing Specialist	83K
2.2.3. Data Compilation on District Health Financing	5 weeks	6 weeks of local cons./sub	Public Health Specialist /Health Economist	33K
2.2.4 Regional Workshops on District Health Financing	6 weeks	6 weeks of local cons./sub	Public Health Specialist /Health Economist	50K
2.3.1. Summary Report on Mutuelles	1 week	--	Health Economist	7K
2.3.2. Limited TA & Training to 1-2 Mutuelles OR Dissemination Workshop Based on Research Paper and Summary Report on Mutuelles	3 weeks	3 weeks	Public Health Specialist /Health Economist	38K
Objective 3. Strengthened Hospital Management Information Systems and Capacities of Hospital Managers in the Context of Hospital Autonomy and Decentralization**				
3.1.1. Meet with Key Collaborating Institutions	1 1-week trip** 1 week prep. & writing	1 week of local cons./sub	Hospital Management Specialist /MIS Specialist	25K**
3.1.2. Assessment of Hospital Needs and Capabilities	1 2-week trip 1 week prep. & writing	2 weeks of local cons./sub	Hospital Management Specialist /MIS Specialist	37K**
3.1.3. Develop and Implement Model Hospital MIS	1 3-week trip 2 2-week trips 2 wks prep. & writing	7 weeks of local cons./sub 2 weeks prep. & writing	Hospital Management Specialist /MIS Specialist	117K**
TOTALS	**61 weeks**	**62 weeks**		**625K****

*Dr. Francois Diop is the primary PHR LOE resource except where trips and related prep. and writing time are mentioned. Dr. Diop is included as Senegalese in calculating the % of total LOE by Senegalese subcontractors and consultants (approximately 75%).

** PHR staff time and related administrative costs for Objective 3 will be funded through the PHR WCA RAP, however the full LOE and costs are shown here, subject to confirmation of cost sharing details between USAID/Senegal and REDSO/WCA.